

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 389530

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3					
TOTAL DEP.	7	↔	↔	↔	↔	↔
TOTAL CLAIMS	10	SEARCHED	SEARCHED	SEARCHED	SEARCHED	SEARCHED

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.		↔	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS		SEARCHED						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS